

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 4 — 0 1 2

2. STATE:

ARKANSAS

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2005 \$ 2,990,851.00b. FFY 2006 \$ 2,990,851.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Please see attached listing

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Please see attached listing

10. SUBJECT OF AMENDMENT:

Coverage of Tobacco Cessation Products through the Arkansas Medicaid Prescription Drug
Program.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Roy Jeffus

14. TITLE:

Director, Division of Medical Services

15. DATE SUBMITTED:

July 19, 2004

16. RETURN TO:

Division of Medical Services
PO Box 1437
Little Rock, AR 72203-1437Attention: Carolyn Patrick
Slot S295**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 23 JULY 2004

18. DATE APPROVED:

20 OCTOBER 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 OCTOBER 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

Bill Bruden for Andrew Fredrickson

21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR

DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

**ATTACHED LISTING FOR
ARKANSAS STATE PLAN
TRANSMITTAL #2004-012**

8. Number of the Plan Section or Attachment	9. Number of the Superseded Plan Section or Attachment
Attachment 3.1-A, Page 1e	Attachment 3.1-A, Page 1e Approved 10-29-99, TN 98-20
Attachment 3.1-A, Page 2b	Attachment 3.1-A, Page 2b Approved 10-29-99, TN 98-20
None	Attachment 3.1-A, Page 2bb Approved 10-14-93, TN 93-29
Attachment 3.1-A, Page 2c	Attachment 3.1-A, Page 2c Approved 10-29-99, TN 98-20
Attachment 3.1-A, Page 2e	Attachment 3.1-A, Page 2e Approved 10-29-99, TN 98-20
Attachment 3.1-A, Page 5a	Attachment 3.1-A, Page 5a Approved 12-23-92, TN 92-24
Attachment 3.1-A, Page 7d	Attachment 3.1-A, Page 7d Approved 10-29-99, TN 98-20
Attachment 3.1-B, Page 2e	Attachment 3.1-B, Page 2e Approved 10-29-99, TN 98-20
Attachment 3.1-B, Page 2xxx	Attachment 3.1-B, Page 2xxx Approved 02-11-02, TN 01-33
Attachment 3.1-B, Page 2xxxx	Attachment 3.1-B, Page 2xxxx Approved 02-11-02, TN 01-33
Attachment 3.1-B, Page 2y	Attachment 3.1-B, Page 2y Approved 02-11-02, TN 01-33
Attachment 3.1-B, Page 3b	Attachment 3.1-B, Page 3b Approved 10-29-99, TN 98-20
Attachment 3.1-B, Page 4g	Attachment 3.1-B, Page 4g Approved 12-23-92, TN 92-24
Attachment 3.1-B, Page 6d	Attachment 3.1-B, Page 6d Approved 10-29-99, TN 98-20

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 1e

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: October 1, 2004

CATEGORICALLY NEEDY

2.b. Rural Health Clinic Services

Rural health clinic services are limited to twelve (12) visits a year for recipients age 21 and older. This yearly limit is based on the State Fiscal Year (July 1 through June 30). The benefit limit will be considered in conjunction with the benefit limit established for physicians' services, medical services furnished by a dentist, office medical services furnished by an optometrist and certified nurse midwife services. Recipients will be allowed twelve (12) visits per State Fiscal Year for rural health clinic services, physicians' services, medical services furnished by a dentist, office medical services furnished by an optometrist, certified nurse midwife services or a combination of the five. For physicians' services, medical services provided by a dentist, office medical services furnished by an optometrist, certified nurse midwife services or rural health clinic core services beyond the 12 visit limit, extensions will be provided if medically necessary. **Certain services, specified in the appropriate provider manual, are not counted toward the 12 visit limit.** Recipients under age 21 in the Child Health Services (EPSDT) Program are not benefit limited.

Rural Health Clinic core services are defined as follows:

- (1) Physicians' services, including required physician supervisory services of nurse practitioners and physician assistants;
- (2) Services and supplies furnished as an incident to a physician's professional services;

Services and supplies "incident to" the professional services of physicians, physician assistants and/or nurse practitioners are those which are commonly furnished in connection with these professional services, are generally furnished in the physician's office and are ordinarily rendered without charge or included in the clinic's bills; e.g., laboratory services, ordinary medications and other services and supplies used in patient primary care services.

SUPERSEDES TN. 98-20

STATE	<u>Arkansas</u>	A
DATE RECD	<u>7-23-04</u>	
DATE AP-VD	<u>10-20-04</u>	
DATE EFF	<u>10-1-04</u>	
HCFA 179	<u>04-12</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 2b

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: October 1, 2004

CATEGORICALLY NEEDY

5. a. Physicians' services, whether furnished in the office, the recipient's home, a hospital, a skilled nursing facility, or elsewhere

- (1) Physicians' services in a physician's office, patient's home or nursing home are limited to twelve (12) visits per State Fiscal Year (July 1 through June 30) for recipients age 21 and older.

(a) Benefit Limit Details

The benefit limit will be considered in conjunction with the benefit limit established for rural health clinic services, medical services furnished by a dentist, office medical services furnished by an optometrist and certified nurse midwife services. Recipients will be allowed twelve (12) visits per State Fiscal Year for physicians' services, medical services provided by a dentist, rural health clinic services, office medical services furnished by an optometrist, certified nurse midwife services or a combination of the five. Recipients under age 21 in the Child Health Services (EPSDT) Program are not benefit limited.

Certain services, specified in the appropriate provider manual, are not counted toward the 12 visit limit.

(b) Extensions

For physicians' services, medical services provided by a dentist, office medical services furnished by an optometrist, certified nurse midwife services or rural health clinic core services beyond the 12 visit limit, extensions will be provided if medically necessary.

- (i) The following diagnoses are considered to be categorically medically necessary and are exempt from benefit extension requirements: Malignant neoplasm; HIV infection and renal failure.
- (ii) **Additionally, physicians' visits for pregnancy in the outpatient hospital are exempt from benefit extension requirements.**
- (2) Each attending physician/dentist is limited to billing one day of care for inpatient hospital covered days regardless of the number of hospital visits rendered.
- (3) Surgical procedures which are generally considered to be elective require prior authorization from the Utilization Review Section.
- (4) Desensitization injections - Refer to Attachment 3.1-A, Item 4.b. (12).
- (5) Organ transplants are covered as described in Attachment 3.1-E.

SUPERSEDES TN- 98-20

STATE	<u>Arkansas</u>	A
DATE RECD	<u>7-23-04</u>	
DATE APPROV	<u>10-20-04</u>	
DATE EFF	<u>10-1-04</u>	
HCHA 179	<u>04-12</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 2c

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: October 1, 2004

CATEGORICALLY NEEDY

5. a. Physicians' Services (Continued)

- (6) Consultations are limited to two (2) per recipient per year in a physician's office, patient's home, hospital or nursing home. This yearly limit is based on the State Fiscal Year (July 1 through June 30). This limit is in addition to the yearly limit described in Item 5.(1). Extensions of the benefit limit will be provided if medically necessary for recipients in the Child Health Services (EPSDT) Program.
- (7) Effective for dates of service on or after September 15, 1995, interactive consultations (telemedicine) are limited to two (2) per recipient. This yearly limit is based on the State Fiscal Year (July 1 through June 30). Extensions of the benefit limit will be considered for eligible recipients of all ages.
- (8) Abortions are covered when the life of the mother would be endangered if the fetus were carried to term or for victims of rape or incest. The circumstances must be certified in writing by the woman's attending physician. Prior authorization is required.

5. b. Medical and surgical services furnished by a dentist (in accordance with Section 1905 (a)(5)(B) of the Act).

Medical services furnished by a dentist are limited to twelve (12) visits per State Fiscal Year (July 1 through June 30) for recipients age 21 and older.

The benefit limit will be considered in conjunction with the benefit limit established for physicians' services, rural health clinic services, office medical services furnished by an optometrist and certified nurse midwife services. Recipients will be allowed twelve (12) visits per State Fiscal Year for medical services furnished by a dentist, physicians' services, rural health clinic services, office medical services furnished by an optometrist, certified nurse midwife services or a combination of the five. For physicians' services, medical services provided by a dentist, office medical services furnished by an optometrist, certified nurse midwife services or rural health clinic core services beyond the 12 visit limit, extensions will be provided if medically necessary. **Certain services, specified in the appropriate provider manual, are not counted toward the 12 visit limit.** Recipients under age 21 in the Child Health Services (EPSDT) Program are not benefit limited.

Surgical services furnished by a dentist are not benefit limited.

SUPERSEDES TN. 98-20

STATE	Arkansas
DATE RECD	7-23-04
DATE APVD	10-20-04
DATE ENF	10-1-04
HCFA 179	04-12

A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 2e

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: October 1, 2004

CATEGORICALLY NEEDY

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)
- b. Optometrists' Services (Continued)
- (2) One eye exam every twelve (12) months for eligible recipients under 21 years of age in the Child Health Services (EPSDT) Program. Extensions of the benefit limit will be provided if medically necessary for recipients in the Child Health Services (EPSDT) Program.
 - (3) Office medical services provided by an optometrist are limited to twelve (12) visits per State Fiscal Year (July 1 through June 30). The benefit limit will be in conjunction with the benefit limit established for physicians' services, medical services furnished by a dentist, rural health clinic services and certified nurse midwife services. Recipients will be allowed twelve (12) visits per State Fiscal Year for office medical services furnished by an optometrist, medical services furnished by a dentist, physicians' services, rural health clinic services, certified nurse midwife services or a combination of the five. For physicians' services, office medical services furnished by an optometrist, medical services furnished by a dentist, certified nurse midwife services or rural health clinic core services beyond the twelve (12) visit limit, extensions will be provided if medically necessary. **Certain services, specified in the appropriate provider manual, are not counted toward the 12 visit limit.** Recipients in the Child Health Services (EPSDT) Program are not benefit limited.
- c. Chiropractors' Services
- (1) Services are limited to licensed chiropractors meeting minimum standards promulgated by the Secretary of HHS under Title XVIII.
 - (2) Services are limited to treatment by means of manual manipulation of the spine which the chiropractor is legally authorized by the State to perform.
 - (3) Effective for dates of service on or after July 1, 1996, chiropractic services will be limited to twelve (12) visits per State Fiscal Year (July 1 through June 30) for eligible Medicaid recipients age 21 and older. Services provided to recipients under age 21 in the Child Health Services (EPSDT) Program are not benefit limited. Chiropractic services require a referral by the recipient's primary care physician (PCP).

SUPersedes TN- 98-20

STATE	<u>Arkansas</u>
DATE RECD	<u>7-23-04</u>
DATE APPROV	<u>10-20-04</u>
DATE EFF	<u>10-1-04</u>
HCFA 179	<u>04-12</u>

A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 5a

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: October 1, 2004

CATEGORICALLY NEEDY

12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist
- a. Prescribed Drugs
- (1) Each recipient age 21 or older may have up to six (6) prescriptions each month under the program. The first three prescriptions do not require prior authorization. The three additional prescriptions must be prior authorized. Family Planning, tobacco cessation and EPSDT prescriptions do not count against the prescription limit.
- (2) The following categories of drugs are not covered:
- a. agents used for weight reduction
 - b. agents used to promote fertility
 - c. agents used for cosmetic purposes or hair growth
 - d. vitamin and mineral products, except prenatal vitamins and fluoride preparations
 - e. DESI drugs or less than effective drugs as designated by the FDA to have a CMS DESI rating of 5 or 6
 - f. select sedatives and hypnotics in the benzodiazepine category as well as their generic equivalents
 - g. select cough and cold medications for recipients age 21 and older
- (3) The State will reimburse only for the drugs of pharmaceutical manufacturers who have entered into and have in effect a rebate agreement in compliance with Section 1927 of the Social Security Act, unless the exceptions in Section 1902(a)(54), 1927(a)(3) or 1927(d) apply. The State permits coverage of participating manufacturers' drugs, even though it may be using a formulary or other restrictions. **Utilization controls will include prior authorization and may include drug utilization reviews.** Any prior authorization program instituted after July 1, 1991 will provide for a 24-hour turnaround from receipt of the request for prior authorization. The prior authorization program also provides for at least a 72 hour supply of drugs in emergency situations.

SUPERSEDES TN. 92-24

STATE	<u>Arkansas</u>
DATE RECD	<u>7-23-04</u>
DATE APPEL	<u>10-20-04</u>
DATE EXP	<u>10-1-04</u>
RCFA 179	<u>04-12</u>

A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 7d

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: October 1, 2004

CATEGORICALLY NEEDY

17. Nurse-Midwife Services

Any person possessing the qualifications for a registered nurse in the State of Arkansas who is also certified as a nurse-midwife by the American College of Nurse-Midwives, upon application and payment of the requisite fees to the Arkansas State Board of Nursing, be qualified for licensure as a certified nurse-midwife. A certified nurse-midwife meeting the requirements of Arkansas Act 409 of 1995 is authorized to practice nurse-midwifery.

Services provided by a certified nurse midwife are limited to twelve (12) visits a year for recipients age 21 and older. This yearly limit is based on the State Fiscal Year (July 1 through June 30). The benefit limit will be considered in conjunction with the benefit limit established for physicians' services, medical services furnished by a dentist, rural health clinic services and office medical services furnished by an optometrist. Recipients will be allowed twelve (12) visits per State Fiscal Year for services provided by a certified nurse midwife, physicians' services, rural health clinic services, medical services furnished by a dentist, office medical services furnished by an optometrist or a combination of the five. For services provided by a certified nurse midwife, physicians' services, rural health care services, medical services furnished by a dentist or office medical services furnished by an optometrist beyond the twelve visit limit, extensions will be provided if medically necessary. **Certain services, specified in the appropriate provider manual, are not counted toward the 12 visit limit.** Recipients under age 21 in the Child Health Services (EPSDT) program are not benefit limited.

SUPERSEDES: TN. 98-20

STATE	<u>Arkansas</u>	A
DATE RECD	<u>7-23-04</u>	
DATE APVD	<u>10-20-04</u>	
DATE EFF	<u>10-1-04</u>	
HCFA 179	<u>Q4-12</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 2e

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: October 1, 2004

MEDICALLY NEEDY

2.b. Rural Health Clinic Services

Rural health clinic services are limited to twelve (12) visits a year for recipients age 21 and older. This yearly limit is based on the State Fiscal Year (July 1 through June 30). The benefit limit will be considered in conjunction with the benefit limit established for physicians' services, medical services furnished by a dentist, office medical services furnished by an optometrist and certified nurse midwife services. Recipients will be allowed twelve (12) visits per State Fiscal Year for rural health clinic services, physicians' services, medical services furnished by a dentist, office medical services furnished by an optometrist, certified nurse midwife services or a combination of the five. For physician services, medical services provided by a dentist, office medical services furnished by an optometrist, certified nurse midwife services or rural health clinic core services beyond the 12 visit limit, extensions will be provided if medically necessary. **Certain services, specified in the appropriate provider manual, are not counted toward the 12 visit limit.** Recipients under age 21 in the Child Health Services (EPSDT) Program are not benefit limited.

Rural Health Clinic core services are defined as follows:

- (1) Physicians' services, including required physician supervisory services of nurse practitioners and physician assistants;
- (2) Services and supplies furnished as an incident to a physician's professional services;

Services and supplies "incident to" the professional services of physicians, physician assistants and/or nurse practitioners are those which are commonly furnished in connection with these professional services, are generally furnished in the physician's office and are ordinarily rendered without charge or included in the clinic's bills; e.g., laboratory services, ordinary medications and other services and supplies used in patient primary care services.

SUPERSEDES TN. 98-20

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>7-23-04</u>	
DATE APP'D	<u>10-20-04</u>	
DATE EFF	<u>10-1-04</u>	
HCFA 179	<u>04-12</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 2xxx

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: October 1, 2004

MEDICALLY NEEDY

4.c. Family Planning Services

- (1) Comprehensive family planning services are limited to an original examination and up to three follow-up visits annually. This limit is based on the state fiscal year (July 1 through June 30).

5.a. Physicians' services, whether furnished in the office, the recipient's home, a hospital, a skilled nursing facility, or elsewhere

- (1) Physicians' services in a physician's office, patient's home or nursing home are limited to twelve (12) visits per State Fiscal Year (July 1 through June 30) for recipients age 21 and older.

(a) **Benefit Limit Details**

The benefit limit will be considered in conjunction with the benefit limit established for rural health clinic services, medical services furnished by a dentist, office medical services furnished by an optometrist and certified nurse midwife services. Recipients will be allowed twelve (12) visits per State Fiscal Year for physicians' services, medical services provided by a dentist, rural health clinic services, office medical services furnished by an optometrist, certified nurse midwife services or a combination of the five. Recipients under age 21 in the Child Health Services (EPSDT) Program are not benefit limited.

Certain services, specified in the appropriate provider manual, are not counted toward the 12 visit limit.

(b) **Extensions**

For physicians' services, medical services provided by a dentist, office medical services furnished by an optometrist, certified nurse midwife services or rural health clinic core services beyond the 12 visit limit, extensions will be provided if medically necessary.

- (i) The following diagnoses are considered to be categorically medically necessary and are exempt from benefit extension requirements: Malignant neoplasm; HIV infection and renal failure.
- (ii) **Additionally, physicians' visits for pregnancy in the outpatient hospital are exempt from benefit extension requirements.**
- (2) Each attending physician/dentist is limited to billing one day of care for inpatient hospital covered days regardless of the number of hospital visits rendered.

SUPersedes TN- 01-33

STATE	Arkansas
DATE REC'D	7-23-04
DATE APPROV'D	10-20-04
DATE EFF.	10-1-04
HOA ITS	04-12

A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 2xxxx

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: October 1, 2004

MEDICALLY NEEDY

5. a. Physicians' Services (Continued)

- (3) Surgical procedures which are generally considered to be elective require prior authorization from the Utilization Review Section.
- (4) Desensitization injections - Refer to Attachment 3.1-A, Item 4.b. (12).
- (5) Organ transplants are covered as described in Attachment 3.1-E.
- (6) Consultations are limited to two (2) per recipient per year in a physician's office, patient's home, hospital or nursing home. This yearly limit is based on the State Fiscal Year (July 1 through June 30). This limit is in addition to the yearly limit described in Item 5.(1). Extensions of the benefit limit will be provided if medically necessary for recipients in the Child Health Services (EPSDT) Program.
- (7) Effective for dates of service on or after September 15, 1995, interactive consultations (telemedicine) are limited to two (2) per recipient. This yearly limit is based on the State Fiscal Year (July 1 through June 30). Extensions of the benefit limit will be considered for eligible recipients of all ages.
- (8) Abortions are covered when the life of the mother would be endangered if the fetus were carried to term or for victims of rape or incest. The circumstances must be certified in writing by the woman's attending physician. Prior authorization is required.

5. b. Medical and surgical services furnished by a dentist (in accordance with Section 1905 (a)(5)(B) of the Act).

Medical services furnished by a dentist are limited to twelve (12) visits per State Fiscal Year (July 1 through June 30) for recipients age 21 and older.

SUPERSEDES: TN- 01-33

STATE	<u>Arkansas</u>
DATE REC'D	<u>7-23-04</u>
DATE APP'D	<u>10-20-04</u>
DATE EFF	<u>10-1-04</u>
HOFA 179	<u>04-12</u>

A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 2y

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: October 1, 2004

MEDICALLY NEEDY

5. b. Medical and surgical services furnished by a dentist (in accordance with Section 1905 (a)(5)(B) of the Act).
(continued)

The benefit limit will be considered in conjunction with the benefit limit established for physicians' services, rural health clinic services, office medical services furnished by an optometrist and certified nurse midwife services. Recipients will be allowed twelve (12) visits per State Fiscal Year for medical services furnished by a dentist, physicians' services, rural health clinic services, office medical services furnished by an optometrist, certified nurse midwife services or a combination of the five. For physician services, medical services provided by a dentist, office medical services furnished by an optometrist, certified nurse midwife services or rural health clinic core services beyond the 12 visit limit, extensions will be provided if medically necessary. **Certain services, specified in the appropriate provider manual, are not counted toward the 12 visit limit.** Recipients under age 21 in the Child Health Services (EPSDT) Program are not benefit limited.

Surgical services furnished by a dentist are not benefit limited.

COPIES DES- TN- 01-33

STATE	Arkansas
DATE REC'D	7-23-04
DATE APPLIC	10-20-04
DATE FRI	10-1-04
MOA ITS	04-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 3b

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: October 1, 2004

MEDICALLY NEEDY

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)
- b. Optometrists' Services (Continued)
- (2) One eye exam every twelve (12) months for eligible recipients under 21 years of age in the Child Health Services (EPSDT) Program. Extensions of the benefit limit will be provided if medically necessary for recipients in the Child Health Services (EPSDT) Program.
 - (3) Office medical services provided by an optometrist are limited to twelve (12) visits per State Fiscal Year (July 1 through June 30). The benefit limit will be in conjunction with the benefit limit established for physicians' services, medical services furnished by a dentist, rural health clinic services and certified nurse midwife. Recipients will be allowed twelve (12) visits per State Fiscal Year for office medical services furnished by an optometrist, medical services furnished by a dentist, physicians' services, rural health clinic services, certified nurse midwife or a combination of the five. For physicians' services, office medical services furnished by an optometrist, medical services furnished by a dentist, certified nurse midwife or rural health clinic core services beyond the twelve (12) visit limit, extensions will be provided if medically necessary. **Certain services, specified in the appropriate provider manual, are not counted toward the 12 visit limit.** Recipients in the Child Health Services (EPSDT) Program are not benefit limited.
- c. Chiropractors' Services
- (1) Services are limited to licensed chiropractors meeting minimum standards promulgated by the Secretary of HHS under Title XVIII.
 - (2) Services are limited to treatment by means of manual manipulation of the spine which the chiropractor is legally authorized by the State to perform.
 - (3) Effective for dates of service on or after July 1, 1996, chiropractic services will be limited to twelve (12) visits per State Fiscal Year (July 1 through June 30) for eligible Medicaid recipients age 21 and older. Services provided to recipients under age 21 in the Child Health Services (EPSDT) Program are not benefit limited. Chiropractic services require a referral by the recipient's primary care physician (PCP).

98-20

STATE	Arkansas
DATE REC'D	7-23-04
DATE APPROV	10-20-04
DATE EFF	10-1-04
MOA 179	04-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 4g

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

October 1, 2004

MEDICALLY NEEDY

12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist
- a. Prescribed Drugs
- (1) Each recipient age 21 or older may have up to six (6) prescriptions each month under the program. The first three prescriptions do not require prior authorization. The three additional prescriptions must be prior authorized. Family Planning, tobacco cessation and EPSDT prescriptions do not count against the prescription limit.
 - (2) The following categories of drugs are not covered:
 - a. agents used for weight reduction
 - b. agents used to promote fertility
 - c. agents used for cosmetic purposes or hair growth
 - d. vitamin and mineral products, except prenatal vitamins and fluoride preparations
 - e. DESI drugs or less than effective drugs as designated by the FDA to have a CMS DESI rating of 5 or 6
 - f. select sedatives and hypnotics in the benzodiazepine category as well as their generic equivalents
 - g. select cough and cold medications for recipients age 21 and older
 - (3) The State will reimburse only for the drugs of pharmaceutical manufacturers who have entered into and have in effect a rebate agreement in compliance with Section 1927 of the Social Security Act, unless the exceptions in Section 1902(a)(54), 1927(a)(3) or 1927(d) apply. The State permits coverage of participating manufacturers' drugs, even though it may be using a formulary or other restrictions. Utilization controls will include prior authorization and may include drug utilization reviews. Any prior authorization program instituted after July 1, 1991 will provide for a 24-hour turnaround from receipt of the request for prior authorization. The prior authorization program also provides for at least a 72 hour supply of drugs in emergency situations.

REVISED: TN. 92-24

STATE	ARKANSAS
DATE REC'D	7-23-04
DATE AP	10-20-04
DATE ENT	10-1-04
ADDA 179	04-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 6d

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: October 1, 2004

MEDICALLY NEEDY

17. Nurse-Midwife Services

Any person possessing the qualifications for a registered nurse in the State of Arkansas who is also certified as a nurse-midwife by the American College of Nurse-Midwives, upon application and payment of the requisite fees to the Arkansas State Board of Nursing, be qualified for licensure as a certified nurse-midwife. A certified nurse-midwife meeting the requirements of Arkansas Act 409 of 1995 is authorized to practice nurse-midwifery.

Services provided by a certified nurse midwife are limited to twelve (12) visits a year for recipients age 21 and older. This yearly limit is based on the State Fiscal Year (July 1 through June 30). The benefit limit will be considered in conjunction with the benefit limit established for physicians' services, medical services furnished by a dentist, rural health clinic services and office medical services furnished by an optometrist. Recipients will be allowed twelve (12) visits per State Fiscal Year for services provided by a certified nurse midwife, physicians' services, rural health clinic services, medical services furnished by a dentist, office medical services furnished by an optometrist or a combination of the five. For services provided by a certified nurse midwife, physicians' services, rural health care services, medical services furnished by a dentist or office medical services furnished by an optometrist beyond the twelve visit limit, extensions will be provided if medically necessary. **Certain services, specified in the appropriate provider manual, are not counted toward the 12 visit limit.** Recipients under age 21 in the Child Health Services (EPSDT) program are not benefit limited.

SUPERSEDES TN: 98-20

STATE	Arkansas
DATE RECD	7-23-04
DATE ACD	10-20-04
DATE EXP	10-1-04
DATE CT9	09-12